

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

490-2021-00184

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Karla D. McKnight

Home Phone (Incl. Area Code)

(662) [REDACTED]

Date of Birth

[REDACTED]

Street Address

535 Friendship Road

City, State and ZIP Code

Ecru, Mississippi 38841

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Renasant Bank

No. Employees, Members

2,700

Phone No. (Incl. Area Code)

(662) 680-1001

Street Address

209 Troy Street

City, State and ZIP Code

Tupelo, Mississippi 38804

Name

No. Employees, Members

Phone No. (Incl. Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☐ RETALIATION☐ AGE☒ DISABILITY☐ GENETIC INFORMATION☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

9/9/2020

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was employed by Respondent as a senior payroll assistant for a period of more than thirty (30) days. Because my husband had contracted COVID-19, I was required to take medical leave beginning on July 15, 2020. While I was on medical leave, I contracted COVID-19, and was hospitalized in intensive care for five (5) days, from July 25, 2020, through July 29, 2020. I was unable to return to work until August 10, 2020, because the necessity of getting a negative test for COVID-19. Upon receipt of a negative COVID-19 test, I returned to work on August 10, 2020. Less than two (2) weeks later, on August 20, 2020, I was given an unsatisfactory performance review. I was terminated on September 9, 2020.

The Respondent discharged me because of my COVID-19, and the hospitalization that I suffered as a result of the virus. The Respondent discharged me because it regarded me as having a disability (susceptibility to coronavirus), and a record of having had a disability. My coronavirus and related pneumonia constituted a "record of having had a disability." Therefore, my discharge was in violation of the Americans with Disabilities Act.

My discharge also violated other federal statutes. I request the EEOC to investigate to determine whether I have been discharged in violation of the Americans with Disabilities Act.

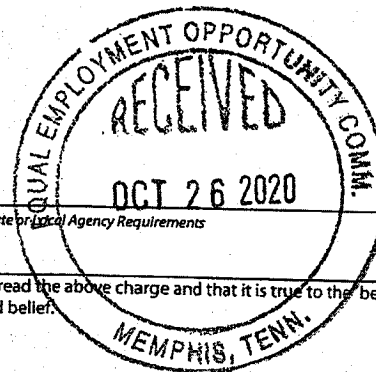
want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or local Agency Requirements

declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT



Date,

10/13/2020

Charging Party Signature

EXHIBIT

A

O BEFORE ME THIS DATE